

Child Advocacy Center – Multidisciplinary Team Advisory Board

Nydia Monagas, Chair
John Esmerado, Vice-Chair

April 26, 2018
10:00 A.M. – 12:00 P.M.
Dorothy B. Hersh Child Protection Center
123 How Lane
New Brunswick, NJ 08901

Minutes

In Attendance:

Board Members:

Christine Beyer	New Jersey Department of Children and Families
Martin Finkel	CARES Institute
Julia Glass	New Jersey Office of the Attorney General
Elahna Strom Weinflash	New Jersey Office of the Law Guardian

Christie Bevacqua	Middlesex County Prosecutor's Office
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Lt. Michelle Chambers	McGuire Air Force Base
Jacquelynn Duron	Rutgers University
John Esmerado	Union County Prosecutor's Office

Gladibel Medina	Dorothy B. Hersh Child Protection Center
Nydia Monagas	New Jersey Children's Alliance

Debbie Riveros	Monmouth County Prosecutor's Office
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Javier M. Toro	Hudson County Prosecutor's Office
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Staff

Daniel Yale	DCF – Executive Coordinator
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Other:

Katherine Stoehr	New Jersey Department of Children and Families
Brian Ross	New Jersey Department of Children and Families
Joseph Pargola	New Jersey Department of Children and Families

I. Welcome and Introductions

The meeting was called to order at 10:06 a.m. by Daniel Yale.

II. Legislation & CAC/MDT Standards Presentation

Nydia Monagas, Psy.D., New Jersey Children's Alliance, Executive Director

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Dr. Monagas provided a PowerPoint presentation on the New Jersey Children's Alliance (NJCA) and the history of the enabling legislation for this Board. Copies of the PowerPoint were circulated to the Board members on April 27, 2018. The NJCA's role is to ensure that every child in New Jersey has access to an accredited Child Advocacy Center (CAC). NJCA provides training and technical assistance to all CACs and Multidisciplinary Teams (MDT), helps them attain or maintain accreditation status, and improves and enhances the services they provide to children and families. NJCA provides statewide education and awareness about child abuse and neglect and CACs and MDTs in New Jersey. In addition, NJCA promotes statutes and department policy so that all MDT partners are working together.

In 2015, NJCA determined that there was a need for additional counties to develop CACs. The largest barrier to the development of additional CACs was funding. NJCA and others worked with New Jersey Senator Stephen Sweeney who agreed to support legislation that would assist in developing CACs in New Jersey. Senator Sweeney was familiar with Winona's House and felt that there should be a CAC in every county in New Jersey. NJCA worked with the Senate Majority Office to develop legislation that ultimately became Senate Bill 972, which established the Child Advocacy Center – Multidisciplinary Team Advisory Board with the goal of creating a certification process to certify CACs and MDTs and apply for funding to develop CACs.

The CAC-MDT Advisory Board consists of 14 members, with 4 ex-officio members and 10 public members appointed by the Governor. The 10 public members must have a minimum of 10 years of experience working with child abuse and neglect, which is required to ensure that informed decisions are being made with respect to the CACs. The Board is charged with creating a certification program, creating a comprehensive evaluation plan to assess the effectiveness of CACs in the state, conducting annual compliance reviews, and applying for and accepting funding.

In 2016-17, prior to this legislation, DCF released 2 Requests for Proposals (RFPs) to assist in development of CACs. The CACs were able to use a good portion of that money, but not all of it. In 2017-18 fiscal year, this Advisory Board received \$5 million dollars for development of CACs and enhancement of the system centers. NJCA received a \$500,000 "carve out" to assist with that development process.

CACs provide the following:

- multidisciplinary, coordinated, comprehensive responses to child abuse and neglect cases;
- partners from prosecutor's offices, law enforcement, medical and mental health personnel, and child protection services;
- offer child-friendly environments;
- minimize the need for multiple interviews by ensuring that the interviews are conducted by professionals trained in conducting legally defensible, sound neutral interviews that are child-friendly;
- video and audio equipment for videotaping interviews. These interviews can be used by partner agencies that need to view interviews, but weren't available at the time of the live interview. This also allows access to additional information from the interviewer;
- refer for medical exams conducted by medical professionals from Regional Diagnostic Treatment Centers (RDTCs); and
- connect victims and families to needed resources that are evidence based, evidence supported.

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When CACs were developed, it seemed intuitive that CAC's needed to provide children with a safe place to tell their story, so that they are not revictimized by the system that's trying to protect them. There has been a wealth of research that has informed the process and shows that CACs are effective. According to the research, children that are seen at a CAC are more likely to receive a medical exam and be referred for mental health services. The research shows that families report that they are satisfied with the services received and 97% of caregivers would refer other people to those services. CACs help prevent child abuse by going to schools and communities to provide education on child abuse and the resources that are available. Research shows that CACs are efficient in that there are higher rates of coordinated investigations with 81% being coordinated between law enforcement, CPS and other necessary partners as opposed to only 50% in communities that do not have CACs. CACs and MDTs produce more reliable evidence, allows for children to receive services faster, and produce better witnesses for trials. Research shows that there is a 94% conviction rate for cases that go through a CAC. Research also shows that, in the investigation phase alone, CACs save an average of \$1000.00 per case. On average, a case that goes through a CAC will save \$1000.00 per case, just in the investigative phase alone.

CACs are accountable to the National Children's Alliance (NCA) list of 10 standards. The Board received copies of the 10 standards via email on April 27, 2018. The certification process is based on the standards published by the NCA, with each standard being evidence-based or evidence-supported. Each CAC is also required to undergo an accreditation process through the NCA every 5 years. CACs are limited to research supported practice, as NCA will only fund evidence-based treatment programs. To date, over 46,000 professionals have been trained in evidence-based practice.

There are currently 9 accredited CACs in New Jersey. With the recent RFP in 2017, 4 more CACs were developed and were able to apply for funds towards renovations to their facilities or funds to purchase or lease new facilities which would allow them to move forward with the accreditation process. There are an additional 5 counties who are ready to begin development of CACs if funding is available to assist with the first steps. There has not yet been a meeting with the last 3 counties; however, expectations are that they are going to be on Board with moving forward as well.

NCA is a national accrediting body based in Washington, D.C. that published the aforementioned standards. NCA recognizes that each CAC is as different as the communities that they serve. Each CAC provides a different level of service. All CACs are required to meet the following 10 standards:

1. Each county must have an MDT. In New Jersey, every county has a functioning MDT that has protocols, MOUs and information sharing.
2. Case Review – All New Jersey Counties do this to some extent occurring either weekly or biweekly.
3. Forensic Interviews – Need to be conducted in a way that's legally defensible, neutral and sound, and child-friendly. New Jersey utilizes the Finding Words Forensic Interviewing Training.
4. Victim support – Every prosecutor's office has a victim advocacy unit.
5. Medical Standard – New Jersey has 4 Regional Diagnostic Treatment Centers (RDTC) and 2 Satellites. Staff at RDTCs are specially trained to handle these cases.
6. Mental Health – NCA requires that all of our children and families are referred for evidence-based treatment. NJCA is currently working to ensure that every county has access.

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Examples of the evidence-based, trauma-informed treatment in use are, TF-CBT, CF-TSI, EMDR.

7. Child-Focused Setting – All accredited CACs and developing CACs have this. In some counties that do not currently have CACs, they do not have specific child-focused facilities. Funding obtained through the grant process will assist in developing these centers.
8. Organizational Capacity – Most counties are prosecutor-based centers. Three counties have non-profit CACs.
9. Cultural Competency/Diversity – All of our practices are coming from a culturally sensitive perspective. Cultural Competency plans to ensure that we're engaging all the communities that we serve and that there is access to all range of potential clients.
10. Case Tracking component – Follow cases in a very comprehensive manner.

The Board discussed non-English speaking clients and whether standards exist that require training necessary for interpreters to conduct interviews. Although there is no current requirement for training, there is recognition of the necessity of developing a plan for training. The Board also recognized the need to provide training regarding vicarious trauma for interpreters.

A question was raised regarding the referral process for children in military families to obtain services through a CAC. In New Jersey, there are currently no CACs on military bases. The current practice is that if the military is investigating child abuse, they contact CP&P and CP&P would then refer the child to an RDTC for a medical evaluation. In some states there are specific relationships with military bases necessitating different procedures to ensure that the kids are getting access to services. In New Jersey, military children would be seen in the CAC or RDTC that serves the county in which they reside. The Board agreed look further into the referral process on military bases to provide some clarity on how the Board can provide support.

III. New Business

Discussion regarding certification and grant process

The Board discussed its role in the grant process outside of developing the certification process and the annual compliance review process. There may be an opportunity for the Board to be able to use some of the funds that are currently available prior to the end of the fiscal year. However, given the date and the grant process, it may prove difficult. Dr. Monagas suggested that the RFP can be similar to the RFP that was released last year, as it allowed for capital improvement, technological advancements, space enhancements and training. DCF will look into the timeframes, as well as the previous RFP to determine if it can be used as a template. If the projects need ongoing funding, we may not have the budget in the next fiscal year to support it.

The Board spoke about the vision for the money. For counties that don't have a CAC, the funds will be used for renovations, capital leases, and any other use that is necessary to enable a CAC to gain accreditation. Each of the developing centers will need renovations or a new facility. For counties that already have an accredited CAC, the funds will be used for enhancing programs and services. Mr. Esmerado informed the Board that in some instances, the amount that is awarded to the county can be matched by a federal community development block grant. Once the county receives an initial amount of

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money to begin, it can leverage other money to further the process. It was also noted that there needs to be a range of awards, as some counties would need more funding than others to develop a CAC.

The Board discussed that there is a critical shortage of Spanish speaking clinicians. CACs could apply for funding for training to train clinicians. CARES Institute employs a Spanish speaking certified trainer for TF-CBT. Questions were posed regarding whether there could be a program developed for juniors and seniors in college to be trained in exchange for a work requirement or whether scholarships could be granted through the funds. Mr. Esmerado informed the Board that although it does not specifically state that scholarships can be paid for through the funds, under Section (7)(A)(4) in the legislation, the Board can fund any other purpose that can enhance the effectiveness or efficiency of CACs.

The Board discussed the necessity of being very clear regarding trauma informed care and the terminology. There needs to be a list of approved programs or have more clarity around definitions. Dr. Finkel suggested looking into the California Clearinghouse for Evidence Based practices.

The Board discussed the necessity of ensuring that there are not two standards of operation between the CACs and MDTs. Dr. Monagas informed the Board that all of the developing CACs will be located within a prosecutor's office and the prosecutor's office will be taking the lead. The NCA accreditation standards are very rigorous, including on-site audits. It takes 6 months for a CAC to prepare the application for an audit. Any CAC that doesn't have a building, still must apply for accreditation by the NCA and still has to follow the statutory mandates of New Jersey and guidelines for best practice.

The Board spoke about how MDT processes, including that the way in which cases are reviewed and the way in which outcome data is reported, is not standard across the Board. These processes depend on individual prosecutors, allocation of resources, and investment. Some counties are rudimentary and haphazard while other counties are quite robust. The goal of the legislation is to make sure that all MDTs are fully funded, healthy, and consistent whether or not the county has a CAC. Once all MDTs are fully funded, they can begin to develop CACs. There is currently no measure of the "health" of each MDT, although there is anecdotal information.

Election of Chair/Co-Chair

The Board was advised that any member can be chair/vice-chair of this Board. The Board was asked to consider that the conflict of interest provisions of the New Jersey ethics code applies, so if a member is likely to need to recuse herself/himself frequently due to outside employment, it may cause more difficulty as a chair or vice-chair.

The Board discussed the process of nominating Chairperson and Vice-Chairperson. A motion was made to approve using a voice nomination and voice vote to select a Chairperson and Vice-Chairperson. The Board voted unanimously to approve utilizing voice nomination and voice vote. The Board also agreed that subsequent bylaws would include a formal process in the event that the chairperson position or vice-chairperson position becomes vacated.

The Board was asked for nominations for chairperson. Commissioner Beyer nominated Dr. Monagas to be chairperson and the nomination was seconded. There were no other nominations and Dr. Monagas received a unanimous vote for chair. Dr. Monagas nominated Mr. Esmerado for vice-chair and the

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nomination was seconded. There were no other nominations and Mr. Esmerado received a unanimous vote for vice-chair.

Create Bylaws

The Board discussed recommendations for the creation of bylaws:

- Quorum - the bylaw should be based on current appointed members as opposed to total number of members. This would allow for a quorum in the event that there are vacancies on the Board.
- Conflicts of Interest – There may be concerns as many members of the Board either receive funding or participate with those who receive funding. Per New Jersey ethics code, if the Board is making a recommendation for funding to an entity by which a member is employed, that member would make that known to the advisory Board at the beginning of the discussion and offer to recuse herself/himself from the discussion of that particular grant opportunity. The Board discussed creating a proviso that states if there is a conflict that there will be no sharing of financial information. For anyone at the table who is working for an entity that may ultimately apply for funds, it's legitimate to participate in a conversation that establishes what we want to fund, it's not permissible to participate in a decision making body that determines who receives funds. All members of the Board will receive ethics training for Special State Officers.
- Future Amendments – a bylaw should be included that will allow for future amendments of bylaws.
- Term limits – will be discussed at a future meeting, as there were no details in the legislation regarding term limits. The committee discussed ensuring that the term would not end in an election year, causing undue delays in appointments.

The Board voted to approve the following bylaws:

- Bimonthly schedule – Proposal that meetings will be held every other month with special meetings scheduled for the remainder of the 2018 fiscal year to consider grant proposal recommendations. This motion was approved by unanimous vote, with no abstentions.
- Designees – Proposal of a bylaw that would allow those members that are not permitted to send a designee by statute to send a proxy to participate in the meeting in their absence. Proxies would not be allowed to vote on official matters, but their attendance would be sufficient to establish a quorum. This motion was approved by unanimous vote, with no abstentions.

A draft of the bylaws will be sent to the committee for review prior to the next meeting.

Grant Making Process

Regarding the release of an RFP before the end of the current fiscal year, the Board discussed using a similar RFP from the previous year, with some changes to parameters and dates, as a template to expedite the grant process. DCF to inform the Board of the timeframes for the release of the RFP.

The Board discussed utilizing the funds in the first year only for capital expenses to avoid issues with recurrent funds. A question was raised regarding using first year funds only for those counties with developing CACs rather than those with already established CACs. The Board felt that limiting usage of fund to those counties with developing CACs would unnecessarily rule out counties that are prepared to

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apply for grant funds. The Board determined that first year funds should only be used for capital and training in the event that funding is removed from the budget.

The Board voted unanimously to adopt a grant process wherein recommendations would be made by the Board regarding the content of grants, but the review process would be completed by DCF in support of the Board.

Meeting Calendar

The Board discussed that meetings of this Board are subject to the requirements of the Open Public Meeting Act and the reasons why public notice is required for statutorily created bodies. The public is allowed to attend meetings and make their opinions known. With very few exceptions, all business is to be completed in public.

The Board will meet prior to June 30, 2018 so that the recommendations of the Board can be read into the record. Meetings to rotate between the DCF Professional Center in New Brunswick and Trenton. Next meeting to be held June 1, 2018 at 2:00 p.m. in Trenton.

IV. Adjourn

The meeting was adjourned at 11:42 a.m.